

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90004185 </div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700					
(c) City, State and ZIP Code Washington DC 20005					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Individual filers only</td> <td style="width: 65%;">Name of Employer</td> <td style="width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☒ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

 /

 /

THROUGH

/

 /

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

519.37

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

John Botts

04/13/2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Mailing Address

1156 15th Street, NW, Suite 700

Amount

10.25

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure
List RentalCategory/
Type

Office Sought:

☒ House

State: NY

House

☐ Senate☐ President

District: 20

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Scott MurphyCalendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:
2010☐ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
The Next Big Thing

Date

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Mailing Address

2000 M Street, NW

Amount

70.33

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure
TelemarketingCategory/
Type

Office Sought:

☒ House

State: NY

House

☐ Senate☐ President

District: 20

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Scott MurphyCalendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:
2010☐ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
The Next Big Thing

Date

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Mailing Address

2000 M Street, NW

Amount

70.33

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure
TelemarketingCategory/
Type

Office Sought:

☒ House

State: NY

House

☐ Senate☐ President

District: 20

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
James TediscoCalendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:
2010☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

150.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	9	

Mailing Address

1156 15th Street, NW, Suite 700

Amount

6.75

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Scott Murphy

Calendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	9	

Mailing Address

1156 15th Street, NW, Suite 700

Amount

6.75

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

James Tedisco

Calendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	9	

Mailing Address

1156 15th Street, NW, Suite 700

Amount

6.94

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Scott Murphy

Calendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

20.44

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Mailing Address

1156 15th Street, NW, Suite 700

Amount

6.94

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
James TediscoCalendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:
2010☐

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
The Next Big Thing

Date

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Mailing Address

2000 M Street, NW

Amount

67.17

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Telemarking

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Scott MurphyCalendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:
2010☐

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
The Next Big Thing

Date

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Mailing Address

2000 M Street, NW

Amount

67.16

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Telemarking

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
James TediscoCalendar Year-To-Date Per Election
for Office Sought

519.37

Disbursement For:
2010☐

Primary

☐

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

141.27

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee

The Next Big Thing

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Mailing Address

2000 M Street, NW

Amount

103.37

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Telemarketing

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Scott Murphy

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

519.37

Full Name (Last, First, Middle Initial) of Payee

The Next Big Thing

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Mailing Address

2000 M Street, NW

Amount

103.38

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Telemarketing

Category/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

☐

President

District: 20

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

James Tedisco

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

519.37

(a) SUBTOTAL of Itemized Independent Expenditures

206.75

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

519.37